U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File N	iumber <b>U</b> - 5363	5		2. Fiscal	Year Covered From:		
					1 / 1 / 2004 Through:	[12 / [31]	/ 2004
3. Name and address of person filing.			4. Name, file number, and address of labor organization.				
Name	Jon	L Ra	abine	Name	International Brotherhoo	od of Teamst	cers
				Labor	Organization File Number		
P.O. B	ox, Bldg., Room No., if any	\$1.50.500 mm man man man man man man man man man		P.O. E	ox, Building and Room Number, if any		e que e que e e que en sejar en resultan como en en como monte con como consecuente e en en en en en en en en En en entre en
Street	Street 553 John Street			Street	Street 25 Louisiana Avenue, N.W.		
City	/ Seattle		City	Washington D.C.			
State	Washington		ZIP Code + 4 98109	State	District of Columbia	ZIP Code + 4	20001
5. Positi	5. Position in labor organization. International Representative						
L							
Ente	er appropriate data below If,	during t			or child directly or indirectly had any o	f the following in	terests
			(except as specified in the excl	usions set f	orth in the instructions):		****
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.							
	and address of Employer (i			<del>,</del>	ure of Interest, Transaction, or Income.		
Name	And the state of t			and the second s			To you want to
Trade I	Name, if any:	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	and that frames were as the of the state of	and the forest annual version			Anna I Processor (Casa)
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State			ZIP Cade + 4				
Signature							
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct, and complete. (See the section on penalties in the instructions.)							
unuer	undersigned a knowledge and veries, undercontect, and complete. (See the section on penalities in the instituctions.)						

8/2/2005

Date

206-441-7470

Telephone Number

Name of Person Filing Jon Rabine	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).  Name Teamsters Life With Dues Trust  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 552 Denny Way  City Seattle  State Washington ZIP Code + 4 98109	9. Business deals with:   a. Labor Organization  b. Trust  c. Employer					
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4	11.a. Nature of such dealing.  Serve as a Trustee on the Teamsters Life With Dues Trust  11.b. Approximate dollar value of such dealing.  \$72  12.a. Nature of interest held or income received.  Reimbursement for meal (05-14-04)\$28.70  Reimbursement for Meal (12-08-04)\$38.50  Reimbursement for Parking (12-08-04)\$38.50					
C. Received from any employer (other than an employer covered unde	12.b. Amount. \$72					
or from any labor relations consultant to an employer any payment of money	or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.					